

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/08/2021
FORM APPROVED
OMB NO. 0938-0 391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION <i>Don't</i>	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445171	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/29/2021
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NAME OF PROVIDER OR SUPPLIER THE WATERS OF SHELBYVILLE, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 835 UNION STREET SHELBYVILLE, TN 37160
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F 000	INITIAL COMMENTS An investigation of Complaints #TN00055780 was conducted on 11/29/2021 at The Waters of Shelbyville, LLC. Deficiencies were cited in relation to complaint #TN00055780 under 42 CFR Part 483, Requirements for Long Term Care Facilities.	F 000	Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by The Waters of Shelbyville of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Waters of Shelbyville files this Plan of Correction solely because it is required to do so for continued state licensure as a health care provider and/or for participation in the Medicare/Medicaid program. The facility does not admit that any deficiency existed prior to, at the time of, or after the survey. The facility reserves all rights to contest the survey findings through informal dispute resolution, formal appeal and any other applicable legal or administrative proceedings. This Plan of Correction should not be taken as establishing any standard of care, and the facility submits that the actions taken by or in response to the survey findings far exceed the standard of care. This document is not intended to waive any defense, legal or equitable, in administrative, civil or criminal proceedings.	
F 559 SS=D	Choose/Be Notified of Room/Roommate Change CFR(s): 483.10(e)(4)-(6) §483.10(e)(4) The right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement. §483.10(e)(5) The right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement. §483.10(e)(6) The right to receive written notice, including the reason for the change, before the resident's room or roommate in the facility is changed. This REQUIREMENT is not met as evidenced by: An investigation of complaint TN00055780 conducted on 11/29/2021 at 9:30 AM. Health deficiencies were cited in relation to the complaint investigation TN00055780 under 42 CFR Part 483, Requirements for Long Term Care Facilities. Based on facility policy, medical record review, observations and interviews, the facility failed to notify the responsible party for 1 (Resident #1) of 4 residents reviewed for notification of room change.	F 559		

RECEIVED
DEC 17 2021
BY: *eg*

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 12/16/21
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 559 Continued From page 1

Review of the facility's undated policy titled, "Transfer and Discharge Policy and Procedure" revealed, "...If the resident is to transfer within the facility, notice of the transfer is given to the resident/responsible party at least 2 days before relocation except when...the safety of individuals would be endangered; the health of individuals in the facility would be endangered; the resident's health improves sufficiently to allow a more immediate transfer or an immediate transfer is required by the resident's urgent medical needs. Resident/responsible party waives the advanced 2 days' notice..."

Review of the medical record revealed Resident #1 was admitted to the facility on 02/01/2021 with diagnoses which included Schizophrenia, Hyperlipidemia and Major Depressive Disorder.

Review of the Admission Minimum Data Set (MDS) for Resident #1 dated 02/08/2021, revealed a Brief Interview for Mental Status (BIMS) score of 09, which indicated moderate cognitive impairment.

Review of the "Census List" for Resident #1 revealed she was admitted to room #61-B on 02/01/2021, room change to 73-B on 02/18/2021 and room change to 38-B on 09/21/2021.

Review of the "Progress Notes" for Resident #1 revealed that on 02/05/2021 the Social Services Director notified the Responsible Party resident would move to a permanent room once the initial quarantine period ended. No documentation indicating notification of room change on 09/21/2021 was noted.

During an interview on 11/29/2021 at 10:24 AM,

F 559: Corrective Actions for Targeted Residents

Resident #1 discharged facility on November 16, 2021. Facility assisted family/resident with discharge.

Identification of Other Residents with Potential to be Affected

An audit was conducted by the facility's Social Service Director. All active resident's responsible parties were contacted by Social Service Director and notified of resident's current room location. This was completed on 12/15/2021. No other residents were affected.

Systematic Changes

Residents that require a room move will be discussed daily in morning meeting by interdisciplinary team. Social Service director or designee will complete a room move form to include reason for move, notification to resident and/or responsible party of room location, notification to roommate (if applicable) and/or roommate's responsible party. Housekeeping will be provided form to ensure all applicable parties have been notified prior to initiating room move. In the event a resident must be immediately moved to a new location after normal business hours, charge nurse on duty will be responsible to complete room change form and notification to resident and/or responsible party. All staff inservice by Director of Nursing started on 12/15/21 on room move completion form.

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F 559	Continued From page 2 the Complainant stated there was no notification to her fiancé, the Responsible Party regarding the room change. During an interview on 11/29/2021 at 11:01 AM, Family Member #3 confirmed that there was no notification of the room change on 09/21/2021. During an interview on 11/29/2021 at 12:35 PM, the Social Services Director stated, "Either myself or the nurse notifies the responsible party of all room transfers. Mostly the nurse in charge of that unit, I haven't done many of notifications lately. During an interview on 11/29/2021 at 2:18 PM, Licensed Practical Nurse (LPN) #1 stated "Nurses or housekeeping notify families of resident room changes. When resident's rooms are changed, we would chart it in the progress notes." During an interview on 11/29/2021 at 2:30 PM, Registered Nurse (RN) #1 stated "Social Services contacts the family if a resident changes rooms." During an interview on 11/29/2021 at 2:45 PM, LPN #2 stated, "If a resident has to be moved to another room, the Social Services person contacts the family." During an interview on 11/29/2021 at 3:48 PM, the DON stated if a resident has a room change, Social Services notified the family of the room change and documented in the progress notes. Room changes are discussed in morning meetings and after the morning meeting, Social Services would notify the family of the room change. She confirmed there was no documentation for room change notification to	F 559	<u>Monitoring</u> Social Service Director will audit room moves and notifications to resident/responsible party weekly for four weeks and then monthly for two months. Results of the audits will be reviewed at the monthly Quality Assurance and Performance Improvement Committee meeting for review and recommendations. Audit results will be presented monthly until the threshold of 100% compliance is achieved for three consecutive months and then reported quarterly. Members of the Quality Assurance Performance Improvement Committee (QAPI) consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Director of Housekeeping/Laundry, Director of Social Services, Activities Director, Business Office Manager, Director of Maintenance, Rehabilitation Manager and MDS Coordinator.	12/21/2021	

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F 559	Continued From page 3 [named] Resident #1's responsible party. She stated, If it's not documented, It's not done. She stated the policy for transfer is family notification of room change. During an interview on 11/29/2021 at 4:15 PM, the Administrator stated that he did expect the Social Services Director to notify responsible parties when a resident has a room change.	F 559			
F 887 SS=D	COVID-19 Immunization CFR(s): 483.80(d)(3)(i)-(vii) §483.80(d) (3) COVID-19 immunizations. The LTC facility must develop and implement policies and procedures to ensure all the following: (i) When COVID-19 vaccine is available to the facility, each resident and staff member is offered the COVID-19 vaccine unless the immunization is medically contraindicated or the resident or staff member has already been immunized; (ii) Before offering COVID-19 vaccine, all staff members are provided with education regarding the benefits and risks and potential side effects associated with the vaccine; (iii) Before offering COVID-19 vaccine, each resident or the resident representative receives education regarding the benefits and risks and potential side effects associated with the COVID-19 vaccine; (iv) In situations where COVID-19 vaccination requires multiple doses, the resident, resident representative, or staff member is provided with current information regarding those additional doses, including any changes in the benefits or risks and potential side effects associated with the COVID-19 vaccine, before requesting consent for administration of any	F 887	<u>Correction Actions for Targeted Residents</u> Resident #1 discharged facility on November 16, 2021. According to family, resident received Covid-19 vaccine from a local pharmacy on 11/29/21. <u>Identification of Other Residents with Potential to be Affected</u> 100% audit was completed by the Director of Nursing on 11/29/21 on all active residents to verify those that elected to receive the Covid-19 vaccine were given the vaccine. No other residents were affected. <u>Systematic Changes</u> Social Service Director will educate all new residents and/or responsible parties on Covid-19 vaccine during new admission meeting and obtain acceptance/declination signature on Covid-19 vaccine form. Form will be turned in to Director of Nursing and/or Assistant Director of Nursing.		

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F 887	<p>Continued From page 4</p> <p>additional doses;</p> <p>(v) The resident, resident representative, or staff member has the opportunity to accept or refuse a COVID-19 vaccine, and change their decision;</p> <p>(vi) The resident's medical record includes documentation that indicates, at a minimum, the following:</p> <p>(A) That the resident or resident representative was provided education regarding the benefits and potential risks associated with COVID-19 vaccine; and</p> <p>(B) Each dose of COVID-19 vaccine administered to the resident; or</p> <p>(C) If the resident did not receive the COVID-19 vaccine due to medical contraindications or refusal; and</p> <p>(vii) The facility maintains documentation related to staff COVID-19 vaccination that includes at a minimum, the following:</p> <p>(A) That staff were provided education regarding the benefits and potential risks associated with COVID-19 vaccine;</p> <p>(B) Staff were offered the COVID-19 vaccine or information on obtaining COVID-19 vaccine; and</p> <p>(C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN).</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>An investigation of complaint #TN00055780 conducted on 11/29/2021 at 9:30 AM. Health deficiencies were cited in relation to the complaint investigation #TN00055780 under 42 CFR Part 483, Requirements for Long Term Care Facilities.</p> <p>Based on facility policy, medical record review, observations and interviews, the facility failed to</p>		F 887	<p>Those that have elected to receive the Covid-19 vaccine will be discussed in daily clinical meeting and resident name will be added to upcoming Covid-19 vaccine clinic schedule that will occur every two-weeks and/or as needed. Covid-19 vaccine log will be updated by Assistant Director of Nursing as needed with every new admission electing to receive the Covid-19 vaccine and if applicable, those residents that are due for their next series of Covid-19 vaccine dose. Covid-19 vaccine log will be reviewed weekly by Assistant Director of Nursing to ensure all residents that have elected to receive the vaccine are given the vaccine on their scheduled vaccine clinic date. Social Service Director and Assistant Director of Nursing were inserviced by Director of Nursing on 12/3/21 on process to obtain acceptance/declination signature for Covid-19 vaccine and updating Covid-19 vaccine administration schedule clinic log.</p> <p><u>Monitoring</u></p> <p>Assistant Director of Nursing or designee will audit resident Covid-19 acceptance/declination signature forms and Covid-19 vaccine clinic log weekly for four weeks and monthly for two months to ensure all residents that have elected to receive the Covid-19 vaccine were given the vaccine on their scheduled clinic date. Results of the audits will be reviewed at the monthly Quality Assurance and Performance Improvement Committee meeting for review and recommendations.</p>	

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F 887	Continued From page 5 provide a COVID-19 vaccination for 1 (Resident #1) of 4 residents reviewed for COVID-19 vaccinations. Review of the facility policy titled, "COVID-19 Vaccine/Booster," revised 9/27/21, revealed, "...It is the policy of this facility to offer and to make available, (to the best of their ability considering supply and demand and preferences) and administer a Covid-19 vaccine/booster to the residents who reside in the facility..." Review of the facility documentation titled, "New Covid-19--CDC Requirements," dated May 21, 2021, revealed, "...Offering of the COVID-19 Vaccine: The facility is expected to offer and make available, (to the best of their ability considering supply and demand and preferences), approved Covid-19 vaccines to the residents who desire the vaccine and who reside in the facility and the staff who desire the vaccine and who work in the facility...This can be accomplished by filling out the Covid-19 VACCINE INQUIRY WORKSHEET FORM at the onset of resident admissions or for staff as they on-board. If the facility's vaccination process is not able to provide timely vaccinations for residents and/or staff due to lack of supply-efforts must be made and documented as to the facility's actions taken to make arrangements for residents to receive their vaccination(s) from an authorized outside provider. Further staff will be assisted by providing them names or a list of local Covid-19 administration sites. These efforts must be documented. Additionally, the facility must document ongoing efforts to secure vaccine for the facility's Covid-19 vaccination process..." Review of the medical record revealed Resident	F 887	Audit results will be presented monthly until the threshold of 100% compliance is achieved for three consecutive months and then reported quarterly. Members of the Quality Assurance Performance Improvement Committee (QAPI) consists of Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietary Manager, Director of Housekeeping/Laundry, Director of Social Services, Activities Director, Business Office Manager, Director of Maintenance, Rehabilitation Manager and MDS Coordinator.	12/21/2021	

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F 887	<p>Continued From page 6</p> <p>#1 was admitted to the facility on 02/01/2021 with diagnoses which included Schizophrenia, Hyperlipidemia and Major Depressive Disorder.</p> <p>Review of the Admission Minimum Data Set (MDS) for Resident #1 dated 02/08/2021, revealed a Brief Interview for Mental Status (BIMS) score of 09, which indicated moderate cognitive impairment. Review of Section GG revealed resident requires partial/moderate assistance with shower/bath. Resident requires Supervision or touching assistance with upper body dressing and substantial/maximal assistance with lower body dressing.</p> <p>Review of the "COVID-19 Resident Vaccination Registration Form" dated 02/01/2021, revealed The Responsible Party for Resident #1 elected for her to receive the COVID-19 vaccination.</p> <p>Review of the facility documentation of Covid vaccine administration list dated February 2021, revealed Resident #1 was not on the list.</p> <p>Review of the "Physician's Orders" for Resident #1 revealed there was not an order written for the COVID-19 vaccination.</p> <p>Review of the Medication Administration Record (MAR) for Resident #1 revealed there was no documentation of the vaccination.</p> <p>During an interview on 11/29/2021 at 10:24 AM, the Complainant stated that [named Resident #1] was taken by the family to a pharmacy to receive the vaccination.</p> <p>During an interview on 11/29/2021 at 11:01 AM, Family Member #3 revealed that he had signed</p>	F 887			

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F 887	<p>Continued From page 7</p> <p>the consent form for the COVID-19 vaccination when [named Resident #1] was admitted and that to his knowledge, she never received the vaccination. He had been told, but could not remember by whom, that his sister did get both vaccinations and the booster vaccination. He confirmed that he did take her to a local pharmacy for the vaccination in order for her to be admitted to the new facility.</p> <p>During an interview on 11/29/2021 at 2:18 PM, Licensed Practical Nurse (LPN) #1 stated "Covid vaccinations are documented in the resident's charts if they receive them."</p> <p>During an interview on 11/29/2021 at 2:30 PM, Registered Nurse (RN) #1 stated that if an admission elects to have the COVID vaccine the DON is notified, and they are put on a list. An outside agency comes to the facility to give the vaccinations.</p> <p>During an interview on 11/29/2021 at 2:45 PM, LPN #2 stated, "When a resident request the COVID vaccine, the nurse will notify the DON and she sets up an appointment for them. I think someone from an outside facility give the vaccine."</p> <p>During an interview on 11/29/2021 at 3:48 PM, the DON stated, If someone admits to the facility and wants a Covid vaccine, a vaccination clinic was scheduled. The last couple clinics were set up by the Administrator and Social Services. The prior Assistant Director of Nursing (ADON) set them up before. If a resident wants a vaccination, a Physician's Order is obtained, and they are scheduled with the next clinic. Clinics are set up when residents are on the list. If a resident</p>	F 887			

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F 887	Continued From page 8 received Covid vaccine, they're monitored post vaccination. She expects a resident to receive the vaccination before discharge. She confirmed [named] Resident #1 had a signed consent for Covid vaccination in February 2021 and did not receive the vaccine before she was discharged. If resident declined vaccine upon admission and later decided to get it, a new consent is filled out and the resident is set up with the next clinic. She stated she didn't monitor to see if the former ADON ensured the residents received the Covid vaccination. During an interview on 11/29/2021 at 4:15 PM, the Administrator stated that if a resident or responsible party requested a COVID-19 vaccine he expects them to receive the vaccination.	F 887			